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### **Action of Digitalis in Latent Cardiac Failure**

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IN SPITE of the fact that digitalis is one of the oldest drugs in continuous clinical usage, its action is far from being well understood. The best known effect is its capability of controlling the ventricular rate in atrial fibrillation. Its efficiency in heart failure in the presence of normal sinus rhythm has been questioned or even doubted by no lesser authorities than Sir James Mackenzie and Sir Thomas Lewis. Only recently, with the help of newer physiological techniques, could a beneficial effect of cardiac glycosides be directly demonstrated in such cases. The advent of cardiac catheterization permitted the determination of the essential hemodynamic parameters to provide the final proof that the performance of the failing human heart is improved after the administration of a digitalis preparation regardless of heart rate or rhythm. Curiously, this information has coincided with decreased, rather than increased, clinical usage of digitalis. Two reasons appear to be responsible for this trend, the changing concepts of cardiac failure and the availability of powerful diuretic drugs which "outshine" digitalis in its effect in combating cardiac failure.

If we are confronted with a patient in overt cardiac failure who has not been previously treated we can choose one of three component methods of the • Treatment of cardiac failure consists of three principal methods or a combination of them:
(a) rest, or reduction of overload; (b) diuretic therapy and sodium restriction, and (c) administration of digitalis. In a series of patients treatment with the aid of the first two methods was compared with the effect of adding digitalis to this regimen.

Clinically, most patients can be brought back to a state of compensation without the use of digitalis. Hemodynamically, digitalis exerts a further favorable action by improving cardiac performance. The discrepancy between clinical and hemodynamic cardiac state is emphasized, for patients may have no clinical evidence of cardiac failure and yet show hemodynamic abnormalities characteristic of serious impairment of cardiac performance. Thus digitalis has been shown to exert a favorable effect in cardiac failure even if such an effect cannot be clinically assessed.

overall therapy of cardiac failure, or any combination thereof: (a) rest; (b) diuretic therapy and sodium restriction and (c) cardiotonic drugs. In mild cardiac failure each of these methods alone can restore compensation. Bed rest alone is the slowest but nevertheless an effective method of controlling mild cardiac failure. Digitalis, in the presence of sinus rhythm, is faster but unspectacular in its capability to combat symptoms and signs of cardiac failure. The use of diuretics is by far the most effective and fastest method and is therefore the method of choice. In cases of severe failure, two or even all three methods have to be employed to control fail-

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For information on preparation of manuscript, see advertising page 2

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#### EDITORIAL

#### **Unification Complete**

ON NOVEMBER 6 the voters of California voted overwhelmingly in support of the unification of the medical and osteopathic professions in California. By latest count, not yet made official by the secretary of state, Proposition 22 rolled up 3,278,257 affirmative votes, more than double the 1,401,158 votes cast in opposition.

Much could be made of the fact that every one of California's 58 counties lined up in favor of the proposition and that except for one technical proposal to streamline the state constitution Proposition 22 polled more affirmative votes than any other proposition on the ballot. These statistics may be useful in political arguments in the future. Right now they are simply figures which pale beside the fact of a very worthwhile accomplishment by the professions in California.

The entire program of unification was laid out in black and white just two years ago. It has proceeded, step by step, through this final stage, the affirmation by the people. Each step was successful, in line with the original proposal, and each led, inevitably it now appears, to culmination in the successful public ballot.

In review, Proposition 22 transfers the licensing and regulation of all M.D.'s to the State Board of Medical Examiners, stops any further licensing of osteopaths in California, allows amendments to the osteopathic licensing act by the Legislature and provides for dissolution of the osteopathic board when its licensees decline to 40.

Thus ends the era of duplicate licensing of physicians and surgeons in California by two separate boards. Where the public was evidently convinced in 1922 that a difference in medical and osteopathic graduates existed, and voted to establish a separate osteopathic board, the 1962 public has expressed itself that all differences have now disappeared and

that a single state agency should handle the entire problem.

There is nothing to be gained by reviewing the history of the unification program but it must be remembered that the national osteopathic organization fought with all its vigor against the joining of the two professional groups. Doubtless the handwriting appeared on the wall, probably in capital letters, when the California Osteopathic Association, representing about one-fifth of the national membership, was turned out of the national group because it favored unification.

The message on the wall would seem to be growing in strength and length at this time, when it is reported that ten other states are moving in the direction of improved relations between medicine and osteopathy. In the past 18 months there has been activity in this regard in New Jersey, Colorado, Delaware, Ohio, Missouri, New York, Washington, Tennessee, South Dakota and Iowa.

Proposals in these states have ranged from simple statements of mutual recognition to the promotion of programs patterned on our own. From these plans there is bound to emerge a diminution of the real or fancied differences between the two schools and a closer liaison, for the good of the public, between the medical and osteopathic groups.

Latest in the series of state reports comes from Pennsylvania, where a special committee of the state medical association has suggested to the osteopathic physicians of the state and to their school in Philadelphia that a plan almost identical to California's be entered into by mutual agreement. To date the state's osteopathic association has officially shied away from such proposals but there is every evidence that a large portion of Pennsylvania's osteopathic physicians are in favor of the medical association's suggestions.

The medical association committee in Pennsylvania states that "the distinction [between medicine

## California MEDICAL ASSOCIATION

#### NOTICES & REPORTS

#### PROPOSED AMENDMENTS TO CONSTITUTION

Amendments to the Constitution of the California Medical Association are required to lie on the table for one year before being voted upon. Six proposed amendments to the Constitution were introduced in the 1962 House of Delegates. Under the terms of the Constitution, these were subject to review by the Reference Committee in the 1962 House of Delegates and will also be reviewed by Reference Committee No. 4 in the 1963 House before being voted upon in that session. In five instances the 1962 Reference Committee made specific recommendations which were adopted by the House and are shown following the proposals.

In some instances the Reference Committee suggested that proposed amendments to the By-Laws, which need lie on the table only twenty-four hours, also be deferred until 1963 because of their association with constitutional amendments on the same subject. In the section on By-Law Amendments following this section, such deferral will be noted.

The following Amendments to the Constitution were offered in 1962, all of them placed on the table for definitive action in 1963.

#### 1962 AMENDMENTS

Six proposed amendments to the Constitution were introduced in the 1962 House of Delegates. They were reviewed by Reference Committee No. 4 of the 1962 House of Delegates and will also be reviewed by Reference Committee No. 4 of the 1963 House. In certain instances the 1962 Reference Committee made certain specific recommendations which were adopted by the House.

#### CONSTITUTIONAL AMENDMENT No. 1

Author: Samuel R. Sherman: Representing: The Council.

Resolved: That Article I, Section 3 of the Constitution of the California Medical Association as

now written be deleted and this section to read as follows:

"This Association is an organization composed of the component medical societies and their members, the House of Delegates, the Council, the Scientific Board, the Scientific Assembly, Bureaus, Commissions and Standing Committees."

#### CONSTITUTIONAL AMENDMENT No. 2

Author: Samuel R. Sherman. Representing: The Council.

Resolved: That Article III, Section 1, be amended by deleting the word "and" at the end of subsection (c), and by adding a new subsection (d) to read as follows:

"(d) Ex-officio with the right to vote, eighteen (18) members of the Scientific Board selected as provided in the Bylaws, and"

The present subsection (d) shall be redesignated (e).

#### CONSTITUTIONAL AMENDMENT No. 3

Author: Samuel R. Sherman. Representing: The Council.

**Resolved:** That Article III, Part B, Section 9,

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## 1963 Annual Session

CALIFORNIA MEDICAL ASSOCIATION

March 23 to 27

AMBASSADOR HOTEL • LOS ANGELES

**GENERAL THEME:** 

# Endocrinology and Inborn Errors of Metabolism

#### 5 OUTSTANDING GUEST SPEAKERS:

STEFAN S. FAJANS, M.D., Professor of Internal Medicine, Division of Endocrinology and Metabolism, University of Michigan Medical Center, Ann Arbor.

MELVIN M. GRUMBACH, M.D., Associate Professor of Pediatrics, College of Physicians and Surgeons of Columbia University, New York.

GEORGE J. HAMWI, M.D., Professor of Medicine (Endocrinology), Director, Division of Endocrinology and Metabolism, Director of Clinical Research, Ohio University College of Medicine, Columbus; and President of the Ohio State Medical Association.

JAMES D. HARDY, M.D., Professor and Chairman of the Department of Surgery; and Director of Surgical Research, Surgeon-in-Chief to the University Hospital, University of Mississippi Medical Center, Jackson.

CHARLES W. LLOYD, M.D., Senior Scientist; Director of the Training Program of Reproductive Physiology and Director of the Endocrine Research Clinic, Worcester Foundation for Experimental Biology, Shrewsbury, Massachusetts.

Symposium on the Adrenal Cortex

Symposium on the Pancreas

Panel on Diabetes

**Problems of Gonadal Function** 

Spotlight on Medicine

Twenty-One Specialty Group Meetings

Basic Science Session

Fourteen Medical Motion Picture Symposia

Presidents' Dinner Dance— Sunday, March 24— Cocoanut Grove

House of Delegates— Opening Session, Saturday, 7:00 p.m., March 23; Tuesday Afternoon, March 26, and Wednesday, March 27

Cancer Conferences on Pathology and Radiology— Saturday, March 23

Registration Daily— No Registration Fee

HOTEL RESERVATIONS—MAKE
ALL HOTEL RESERVATIONS THROUGH
C.M.A. HOUSING BUREAU—
SEE PAGE 48.

# APPLICATION FOR HOTEL ACCOMMODATIONS

## 92<sup>nd</sup> Annual Session

CALIFORNIA MEDICAL
ASSOCIATION

March 23\* to 27, 1963 LOS ANGELES

\*House of Delegates Opening Session Saturday evening, March 23; Scientific Programs begin Sunday morning, March 24.

#### INFORMATION

- Please fill in the form below completely for room accommodations at the CMA's 1963 Annual Session. There is only a limited number of single rooms available. Your choice of accommodations will be better if your request is for rooms to be occupied by two or more persons.
- Your reservation request should include the definite date and hour of your arrival and departure.
- 3. Reservations can only be held until 6:00 p.m.
- All reservations must be made through the CMA Housing Bureau, Dept. 34, 693 Sutter Street, San Francisco 2. California.
- 5. DEADLINE for Housing—March 1, 1963.

#### HOTEL ROOM RATEST

	Single	Twin	Suites
3400 Wilshire Boulevard Main Building Garden Suites		\$18.00-\$28.00 \$24.00-\$36.00	\$40.00-\$58.00 \$54.00-\$66.00
CHAPMAN PARK HOTEL 3405 Wilshire Boulevard Main Building Bungalows (suites)			\$20.00-\$28.00 -\$48.00
THE GAYLORD HOTEL 3355 Wilshire Boulevard	\$10.00-\$12.00	\$12.00-\$15.00	\$25.00-\$35.00
HOTEL CHANCELLOR 3191 West Seventh Street	\$10.00	\$12.00-\$14.00	none
SHERATON-WEST 2961 Wilshire Boulevard †The above quoted rates are	•	\$18.00-\$25.00	\$34.00

CALIFORNIA MEDICAL ASSOCIATION—Housing Bureau, Dept. 34 **693 Sutter Street** San Francisco 2. California Please reserve the following accommodations for the 92nd Annual Session of the California Medical Association, in Los Angeles, March 23-27, 1963. First meeting of the House of Delegates begins Saturday evening, March 23; Scientific Programs begin March 24. Single Room \$...... Twin-Bedded Room \$..... Small Suite \$\_\_\_\_\_ Large Suite \$\_\_\_\_\_ Other Type of Room \$\_\_\_\_ ......P.M. 6:00 p.m., unless otherwise notified. Leaving (date) ..... THE NAME OF EACH HOTEL GUEST MUST BE LISTED. Therefore, please include the names and addresses of both persons for each twin-bedded room requested; and names and addresses of all other persons for whom you are requesting reservations and who will occupy the rooms asked for: Individual Requesting Reservations—Please print or type: Are you a CMA Officer?......A Delegate?.....An Alternate?...... County..... Address City and State.....